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| <p align="center">TRANSMITTAL FORM</p> <p align="center">(to be used for all correspondence after initial filing)</p> | | Application Number | 10/784,068 |
| | | Filing Date | February 19, 2004 |
| | | First Named Inventor | William L. Foster |
| | | Group Art Unit | 2836 |
| | | Examiner Name | Deberadinis, Robert L. |
| Total Number of Pages in this Submission | 17 | Attorney Docket Number | CM05543H |
| <p align="center">ENCLOSURES (check all that apply)</p> | | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition for Revival <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____ Remarks | |
| | | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief} <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) | |
| <p align="center">SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</p> | | | |
| Firm or Individual | Barbara R. Doutre | Registration No. | 39,505 |
| Signature Date | /Barbara R. Doutre/ May 14, 2007 | | |
| <p align="center">CERTIFICATE OF TRANSMITTAL/MAILING</p> | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO to Facsimile Number (571) 273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below: | | | |
| Typed or printed name | | | |
| Signature | | | Date |